PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10800340

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL CLANAC			(Colum	(Column 1)		(Column 2)		TYPE			SMALL ENTITY		
TOTAL CLAIMS			66					.RATE	FEE	7	RATE	FEE	٦
FOR .			NUMBER FILED		NUM	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			/8 minus 20=		· 16×		,	X\$ 9=		OR	X\$18=	296	2
INDEPENDENT CLAIMS			4 m	ninus 3 =	*	/		X43=	 	OR	You	86-	
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT					+145=	·	1		00	1
*	f the difference	e in column 1 is	less than z	ero, enter	"0" in	column 2		TOTAL		OR	L	100	-
CLAIMS AS AMENDED - PART II								TOTAL	Ļ	OR	TOTAL	4-07	4
		(Column 1)		(Column 2) (Column :				SMALL	ENTITY	OR	OTHEF SMALL		ı
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL	1
	Total	*	Minus	PAID F	OR_	=		X\$ 9=	FEE	OR	X\$18=	FEE	1
	Independent	*	Minus	***		=		X43=			X86=		1
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		│ ├			OR	7,00-	 	ł
								+145=		OR	+290=		l
		•				•	A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	·]
		(Column 1)		(Colum		(Column 3)	ı					. :	I
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=.		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	,	OR	X86=	,	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL			TOTAL		
		(Column 1)		(Column):2)	(Column 3)	AL	DOIT. FEE		-, , A	DDIT. FEE	•	l
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ree .	
	Independent		Minus	***		=	\vdash	X43=	————	i i			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=		OR	X86=	•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									(OR L	+290=		
11	the "Highest Num the "Highest Num	nber Previously Pain nber Previously Pain per Previously Pain	d For IN THIS d For IN THIS	SPACE is le	ss than	20, enter "20."	ADI	TOTAL DIT. FEE		OR AL	TOTAL DDIT. FEE		